ALABAMA Workers Compensation Division
Claims EDI Release 3.1 FROI
Document Definitions Data Dictionary

01. ACCIDENT/INJURY DESCRIPTION NARRATIVE – DN0038

Definition: A free form description of how the accident occurred and the resulting injuries.
Orig/Rev: 08/09/95, 07/01/97
Record: R21
Format: 500 A/N (up to 10 occurrences of 50)

02. ACCIDENT PREMISES CODE – DN0249

Definition: A code to indicate the premises where the accident occurred.
Orig/Rev: 07/01/97, 04/24/03, 03/31/07, 04/04/14
Record: R21
Format: 1 A/N
Values: **E = Employer**
Accident occurred on employer's/lessor's premises.
L = Lessee
Accident occurred on the premises of the lessee for which the employee was hired to work.
X = Other
Accident occurred at a location other than the employer's or lessee's premises.

03. ACCIDENT SITE CITY – DN0121

Definition: The city where the accident or injury occurred.
Orig/Rev: 07/01/97, 04/04/14
Record: R21
Format: 15 A/N
DP Rule: Accident Site City cannot be required but may be sent when Accident Site Location Narrative is used.

04. ACCIDENT SITE COUNTRY CODE – DN0280

Definition: A code to indicate the country where the accident or injury occurred.
Orig/Rev: 03/01/03, 04/24/03, 07/26/12, 04/04/14
Record: R21
Format: 3 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: Accident Site Country Code cannot be required but may be sent when Accident Site Location Narrative is used. Not required unless other than US. Values are 2 digit left-justified. Please refer to the Data Formats section of Section 2 (Systems Rules). A/N code values are left-justified but should only contain valid values from the standard code list, regardless of whether the value fills the length of the field; remaining positions should be populated with space.

05. ACCIDENT SITE COUNTY/PARISH – DN0118

Definition: The county or parish where the accident or injury occurred.
Orig/Rev: 07/01/97
Record: R21
Format: 20 A/N

06. ACCIDENT SITE LOCATION NARRATIVE – DN0119

Definition: A free form text field describing the address of the accident when the location is not post office identifiable.
Orig/Rev: 07/01/97, 04/24/03, 04/04/14
Record: R21
Format: 50 A/N
DP Rule: Either an Accident Site Organization Name and physical address or an Accident Site Location Narrative can be required, but not both. Enough information must be sent to sufficiently identify the site. Accident Site Location Narrative cannot be required but may be sent when a full Accident Site Street/City/State/Postal Code/Country is used. A partial address (one or more of Accident Site Street/City/State/Postal Code/Country) is allowed with Accident Site Location Narrative. For example, an Accident Site City and State may be sent without a street address or postal code when the Accident Site Location Narrative is sent.

07. ACCIDENT SITE ORGANIZATION NAME – DN0120

Definition: The name of the entity corresponding to the premises where the accident occurred.
Orig/Rev: 07/01/97, 04/24/03, 04/04/14
Record: R21
Format: 50 A/N
DP Rule: If Accident Premises Code is equal to “L” or “E”, then Accident Site Organization Name can be required. If Accident Premises Code is equal to “X”, Accident Site Organization Name may be sent but cannot be required.

08. ACCIDENT SITE POSTAL CODE – DN0033

Definition: The postal code for the location where the accident or injury occurred.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 04/04/14
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.
Accident Site Postal Code cannot be required but may be sent when Accident Site Location Narrative is used.

09. ACCIDENT SITE STATE CODE – DN0123

Definition: A code to indicate the state where the accident or injury occurred.
Orig/Rev: 07/01/97, 04/24/03
Record: R21
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: Accident Site State Code cannot be required when Accident Site Location Narrative is used.

10. ACCIDENT SITE STREET – DN0122

Definition: The street address where the accident or injury occurred.
Orig/Rev: 07/01/97, 04/04/14
Record: R21
Format: 40 A/N
DP Rule: Accident Site Street cannot be required but may be sent when Accident Site Location Narrative is used.

11. AGREEMENT TO COMPENSATE CODE – DN0075

Definition: A code identifying how the Claim Administrator has accepted or not accepted liability for medical and/or indemnity.
Orig/Rev: 08/09/95, 07/01/97, 11/02/15, 01/01/19
Record: R21, A49
Format: 1 A/N
Values: **L = Accepting Liability for Indemnity and Accepting Liability for Medical:** The claim administrator has accepted liability for medical and indemnity, as defined by jurisdiction.
Note: Some jurisdictions may permit a denial to be filed after "L-Accepting Liability" code. Refer to jurisdiction's requirement tables.
S = Accepting Liability for Medical: The claim administrator has accepted liability for medical and Indemnity has either been denied or has not been claimed (i.e. Medical Only).
T = Without Liability for Medical: The claim administrator has not yet accepted liability for medical and Indemnity has either been denied or has not been claimed (i.e. Medical Only).
U = Without Liability for Indemnity: The claim administrator has accepted liability for Medical. Indemnity has been claimed but the claim administrator has not yet accepted liability.
W = Without Liability for Indemnity and Without Liability for Medical: The claim administrator has not yet accepted liability for indemnity and medical and may be voluntarily paying medical and/or indemnity benefits.
DP Rule: This DN should not be required with a Claim Type Code: N – Notification of Incident Only, a FROI or SROI MTC 04 – Full Denial, or MTC AQ Acquired Claim. For claims originally sent in with value W – Without Liability for Indemnity and Without Liability for Medical, S – Without Liability for Medical, or U – Without Liability for Indemnity, some jurisdictions will require a final decision on liability at some time before the claim closes. This final decision will either be a change to Agreement to Compensate Code L - With Liability, S - Accepting Liability for Medical, or a Full Denial (MTC 04). Jurisdictions should communicate any hierarchical structure to claim administrators via their trading partner tables. New Agreement to Compensate Codes of S, T, and U shall become effective on June 1, 2019. Claim Administrators must be prepared to send the new codes and Jurisdictions must be prepared to accept the new codes on the effective date.

12. CANCEL REASON CODE – DN0400

Definition: A code identifying the reason for the MTC FROI-01, cancelling the entire claim.
Orig/Rev: 08/15/17
Record: R21
Format: 1 A/N
Values: **D = Duplicate/Combined Claim**- This claim is determined to be the same as another claim already on file with the jurisdiction, so this claim is being entirely cancelled. This may also be known as a combined claim. Some jurisdictions may require the reporting of DN0401 Jurisdiction Claim Number – Related to identify the Jurisdiction Claim Number of the surviving claim under which all documents and transactions should reside.
J = Jurisdiction Wrong/Changed - The jurisdiction for this claim has changed or was initially incorrect for reasons that include but are not limited to the following:

- The claim's correct jurisdiction is actually Long Shore/Harbor Workers; Federal claim; (other options in the values for Jurisdiction Code); or another state.

12. CANCEL REASON CODE – DN0400 (continued)

- Employee elected or was adjudicated to receive benefits in another jurisdiction. Note: If ongoing indemnity benefits are being paid at the time the employee elected to receive benefits in another jurisdiction Refer to 01 CANCEL ENTIRE CLAIM PROCESSING RULES AND JURISDICTION CHANGE.

N = Not Required By Jurisdiction – The claim is no longer required to be filed in the jurisdiction for reasons that include but are not limited to the following:

- No longer lost time claim in jurisdiction that doesn't take medical only claims e.g. IP check cancelled/returned.
- Wrong DOI prior to jurisdiction's EDI implementation.

R = Disputed Request By Jurisdiction - The jurisdiction requested this claim be cancelled and the claim administrator does not agree which claim (JCN) is valid, but this transaction is reported to comply with the jurisdiction's request.

DP Rule: This DN can only be required/reported on a FROI MTC 01 (Cancel Entire Claim). It does not apply to any other FROI's. DN0401 Jurisdiction Claim Number –Related may be required when Cancel Reason Code D or R is present.

13. CANCEL REASON NARRATIVE – DN0402

Definition: A free form text field describing the reason for the FROI-01 submission, cancelling the entire claim.
Orig/Rev: 08/15/17
Record: R21
Format: 150 A/N
DP Rule: This DN can only be required/reported on a FROI MTC 01 (Cancel Entire Claim). It does not apply to any other FROI's. DN0402 Cancel Reason Narrative may be required in lieu of DN0400 Cancel Reason Code.

14. CAUSE OF INJURY CODE – DN0037

Definition: The code corresponding to the cause of the injury based on the information available to the claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/26/03
Record: 148
Format: 2 A/N
Values: See link to code list: https://labor.alabama.gov/wc/EDI/edipg8.aspx.

15. CHANGE DATA ELEMENT/SEGMENT NUMBER – DN0412

Definition: The Data Number for the Data Element/Segment corresponding to the data being Added, Updated or Removed.
Orig/Rev: 08/15/17
Record: R21, R22
Format: 4 AN

16. CHANGE REASON CODE – DN0413

Definition: A code indicating the type of change applied to the Change Data Element/Segment Number (DN0412).
Orig/Rev: 08/15/17
Record: R21, R22
Format: 1 A/N
Values: **A = Add -** A data element was previously blank/null in the database and has been changed to a value.
U = Update - A data element was previously a value in the database and has been changed to another value.
R = Remove - A data element was previously a value in the database and has been changed to blank/null.
D = Delete - A variable segment occurrence has been removed in its entirety. Data elements within the segment are not required to be identified in the change variable segment as Remove.
DP Rule: DN0413 Change Reason Code shall only be sent on the MTC 02 to communicate the type of change being applied to DN0412 Change Data Element/Segment Number. A change is recognized by the Claim Administrator when a data element in the Claim Administrator's database has been altered and the type of change is indicated using the values above.
The D (Delete) code only applies to Variable Segments with the exception of Narrative DNs (DN0038 Accident/Injury Description Narrative, DN0276 Denial Reason Narrative, DN0287 Suspension Narrative, and DN0431 Narrative for Claim). Changes to Narrative DNs should be reported using the U (Update) if the content of the narrative text is reduced or increased; D (Delete) should be used if the contents of the narrative is removed entirely.
Changes to multiple occurrences of the same variable segment type on a single 02 Change transaction: Jurisdictions should evaluate all segments to recognize changes to the data in reported segments. Claim Administrators should include revisions that would have normally been reported with a U (Update) when reporting the A (Add) or D (Delete). The following hierarchy applies to Change Reason code:

- A (Add) when number of occurrences is increased from previously reported (includes new additions and updates to remaining occurrences)
- D (Delete) when number of occurrences is reduced from previously reported (includes deletions and updates to remaining occurrences)
- U (Update) when number of occurrences is the same as previously reported (includes updates to any/all occurrences)

17. CLAIM ADMINISTRATOR ALTERNATE POSTAL CODE – DN0200

Definition: The alternate postal code of the claim adjusting office handling the claim as defined by the jurisdiction.
Orig/Rev: 03/09/06
Record: R21; R22; AKC; ARC
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code.

18. CLAIM ADMINISTRATOR CITY – DN0012

Definition: The city of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 06/07/95, 07/01/97, 04/30/04, 03/09/06
Record: 148
Format: 15 A/N

19. CLAIM ADMINISTRATOR CLAIM NUMBER – DN0015

Definition: A unique identifier for each specific claim within a claim administrator's claims processing system.
Orig/Rev: 06/07/95, 07/01/97, 7/17/13
Record: 148; A49; R22; R21; AKC;ARC
Format: 25 A/N
DP Rule: This data element shall not contain leading spaces or leading special characters. The number may contain embedded spaces and special characters.

Note: This number should not be the injured worker's Social Security Number, even if contained in or broken up by embedded spaces, alpha, or special characters.

20. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE BUSINESS PHONE NUMBER – DN0137

Definition: The telephone number of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03, 08/15/17
Record: R21; R22
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length. On the FROI R21 record, this field may be mandatory on the FROI 04 (or its corresponding 02 or CO), but shall not be mandatory on any other FROI MTC's because this data may not be available at the time of the initial FROI filing.

21. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE E-MAIL ADDRESS – DN0138

Definition: The e-mail address of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03, 08/15/17
Record: R21; R22
Format: 80 A/N
DP Rule: On the FROI R21 record, this field may be mandatory on the FROI 04 (or its corresponding 02 or CO), but shall not be mandatory on any other FROI MTC's because this data may not be available at the time of the initial FROI filing.

22. CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE NAME – DN0140

Definition: The name of the individual working for the claim administrator that is responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03, 08/15/17
Record: R21; R22
Format: 40 A/N
DP Rule: This field may be invalid or not available on a periodic or final if the claim administrator is not currently paying indemnity benefits. Jurisdictions recommend that this data element be updated upon the triggering of a new event. A claim representative name change does not require the triggering of a change transaction. On the FROI R21 record, this field may be mandatory on the FROI 04 (or its corresponding 02 or CO), but shall not be mandatory on any other FROI MTC's because this data may not be available at the time of the initial FROI filing.

This field should be populated as follows:

- First name, middle initial, last name (no prefix or suffix) **with commas as the delimiters** (e.g., John,J,Smith).
- If there is no middle initial, a comma must be inserted in its place (leaving two commas between the first and last name) (e.g., John,,Smith).
- Only hyphens and apostrophes may be sent as special characters.
- Multiple word first and last names must be separated by a space (e.g., Mary Jane,L,Smith or Mary,L,Smith Baker).
- Do not abbreviate words or use acronyms if there is enough room in the field to enter the entire name.

23. CLAIM ADMINISTRATOR COUNTRY CODE – DN0136

Definition: The country code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 07/01/97, 04/26/03, 04/30/04, 03/09/06, 07/26/12
Record: R21
Format: 3 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: Not required unless other than US.
Values are 2 digit left-justified. Please refer to the Data Formats section of Section 2 (Systems Rules). A/N code values are left-justified but should only contain valid values from the standard code list, regardless of whether the value fills the length of the field; remaining positions should be populated with space.

24. CLAIM ADMINISTRATOR FEIN – DN0187

Definition: The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R21; R22; AKC; ARC
Format: 9 A/N
DP Rule: Always required. Claim Administrator FEIN may match Insurer FEIN.

25. CLAIM ADMINISTRATOR INFORMATION/ATTENTION LINE – DN0135

Definition: The name of the person, department or other information to facilitate delivery within the claim administrator's organization.
Orig/Rev: 07/01/97, 03/09/06
Record: R21
Format: 50 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

26. CLAIM ADMINISTRATOR NAME – DN0188

Definition: The legal name of the entity adjusting the claim.
Orig/Rev: 07/01/97, 05/13/03, 04/22/15
Record: R21; R22
Format: 40 A/N
DP Rule: Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

27. CLAIM ADMINISTRATOR POSTAL CODE – DN0014

Definition: The postal code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 08/09/95, 07/01/97, 04/30/04, 12/19/05, 03/09/06
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

28. CLAIM ADMINISTRATOR PRIMARY ADDRESS – DN0010

Definition: The address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 06/07/95, 07/01/97, 04/30/04, 03/09/06
Record: R21
Format: 40 A/N

29. CLAIM ADMINISTRATOR SECONDARY ADDRESS – DN0011

Definition: The address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 06/07/95, 07/01/97, 04/30/04, 03/09/06
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text characters that exceed the field length. It is not for formatting, such as a second address line, mailstop, or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

30. CLAIM ADMINISTRATOR STATE CODE – DN0013

Definition: The state code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev: 03/11/94, 07/01/97, 04/26/03, 04/30/04, 03/09/06
Record: 148
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.

31. CLAIM STATUS CODE – DN0073

Definition: A code representing the claim administrator's current status.
Orig/Rev: 06/07/95, 07/01/97, 04/26/03
Record: A49; R21
Format: 1 A/N
Values:
O = Open
C = Closed
R = Re-open
X = Re-open/Closed

32. CLAIM TYPE CODE – DN0074

Definition: A code representing the current classification of the claim as interpreted by the jurisdiction.
Note: Each jurisdiction defines the type of claims required to be reported and semantic terms will differ between jurisdictions. Some jurisdictions refer to "Lost Time" and "Indemnity" claims differently, so for purposes of these Claim Type Code definitions, a Lost Time claim is distinguished separately from one in which Indemnity benefits are due. Read all code definitions for a full understanding.
Orig/Rev: Orig/Rev: 08/09/95, 07/01/97, 05/27/03, 02/08/05, 05/05/06, 11/02/2015
Record: A49; R21
Format: 1 A/N
Values:
N = Notification of an Incident Only: An incident has occurred; however, no lost time (as defined by the jurisdiction) has occurred, no medical treatment (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
Note:
- The Initial Date Disability Began (DN0056) is not applicable.
- Often used with initiating FROI MTC UI or 00/AU.
- Includes MTC FROI 04 when the insurer is denying that the incident is work related and no lost time (as defined by the jurisdiction) has occurred, no medical treatment (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
- Should not be used with initiating SROI MTCs IP, EP, CD, VE, PD, AP, PY, etc.

M = Medical Only: Only medical treatment (as defined by the jurisdiction) has occurred on the claim. No claim for lost time (as defined by the jurisdiction) has been made. No indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.

32. CLAIM TYPE CODE – DN0074 (continued)

Note:

- For jurisdiction's that have "medical threshold" amounts, this code should be used in conjunction with the Injury Severity Type Code.
- The Initial Date Disability Began (DN0056) is not applicable.
- Includes MTC FROI 04 when the insurer is denying that the incident is work related; however, some medical treatment (as defined by the jurisdiction) has occurred, but no lost time (as defined by the jurisdiction) has occurred and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.

W = Lost Time with No Paid Indemnity: Medical benefits may or may not have been paid on this claim but lost time (as defined by the jurisdiction) has occurred and is within the waiting period or exceeds the waiting period and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.

Note:

- The Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).
- Includes MTC CD (Compensable Death – No Known Dependent/Payees). Claim Type Code W applies because no indemnity has been paid. If/when a dependent/payee is paid, a different SROI MTC is required and Claim Type would be updated at that time, if required by jurisdiction.
- Includes MTC VE – Volunteer claims. Whether or not the lost time from work exceeds the waiting period, no Indemnity will be paid; therefore, Claim Type Code W is used if Claim Type Code is required by jurisdiction.
- Includes MTC FROI 04 when the insurer is denying that the incident is work related but there is lost time (as defined by the jurisdiction) or death and no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim.
- Includes initial MTC PD with Partial Denial Codes A or E (Indemnity in Whole) claims where there is any lost time (whether it exceeds the waiting period or not).
- When some medical treatment (as defined by the jurisdiction) has occurred and any lost time (as defined by the jurisdiction) exists but no indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) have been paid on the claim, Claim Type Code W should be used unless a jurisdiction does not accept Claim Type W, and then Claim Type Code M should be used.
- If required by jurisdiction, includes claims where a previous Claim Type Code I, L or P was reported but the lost time from work didn't really exceed the waiting period and the check(s) was cancelled or returned.

P = Indemnity with No Lost Time Beyond Waiting Period: There is no lost time (as defined by the jurisdiction) beyond the waiting period and only payment(s) for the following types of indemnity have been made:

- Full Settlement (Lump Sum Payment/Settlement Code – SF);
- Partial Settlement (Lump Sum Payment/Settlement Code – SP) of all indemnity but not medical (BTC 5xx, usually 500) or a partial settlement of BTC 510, 530, 540 or 590;
- Lump Sum Payment of BTC 010/510 (usually to state fund or other payee per jurisdiction statute when direct dependents do not exist), 030/530, 040/540 or 090/590 due to an Advance (AD), Agreement Stipulated (AS), Award (AW) or Non-Specified (NS) Lump Sum Payment/Settlement Code;
- Non lump-sum payment of Permanent Partial/Disfigurement benefits BTC 030, 040 or 090.

32. CLAIM TYPE CODE – DN0074 (continued)

Note:

- If previously reported, Initial Date Disability Began may be "Expected/ Conditional" or may be "If Applicable/Available" depending upon the jurisdiction's Element Requirement Table.

I = Indemnity for Lost Time: Indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) not listed in P above are being or were paid and there was immediate and continuous lost time (as defined by the jurisdiction) from the Date of Injury to beyond the waiting period.

Note:

- Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).

L = Became Indemnity for Lost Time: Indemnity benefits (including employer paid salary in lieu of compensation - BTC 2xx) not listed in P above are being paid or were paid and lost time (as defined by the jurisdiction) from the Date of Injury to beyond the waiting period was either nonconsecutive or delayed. The claim previously met classification criteria as Claim Type Code N, M, W or P.

Note:

- The Initial Date Disability Began (DN0056) is applicable, except on fatal claims where the Employee Date of Death (DN0057) equals the Date of Injury (DN0031).
- Used by jurisdictions to help explain why an initial payment appears to be delayed and the transaction wasn't previously sent. May also require the First Day of Disability After The Waiting Period (DN0297) and Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298).
- Should not be used to simply correct a previously submitted Claim Type Code that was sent in error.

B = Became Medical Only: Previously reported as Claim Type Code W, P, I or L. It was later determined that no lost time (as defined by the jurisdiction) has actually occurred and any indemnity checks initially paid may or may not have been returned/cancelled on the claim, and only medical treatment (as defined by the jurisdiction) is now applicable on this claim

Note:

- For jurisdiction's that have "medical threshold" amounts, this code should be used in conjunction with the Injury Severity Type Code.
- The Initial Date Disability Began (DN0056) is now not applicable, but may have been previously sent.
- May be sent with MTC 01 Cancel to identify the reason a cancel is being sent for those jurisdictions that do not want Medical Only claims reported.
- This code will never be used immediately after Claim Type Code N or M.
- Should not be used to simply correct a previously submitted Claim Type Code that was sent in error.

Hierarchy if a Jurisdiction accepts all Claim Types (Listed Lowest N to Highest B):

N = Notification of an Incident Only
M = Medical Only
W = Lost Time with No Paid Indemnity
P = Indemnity with No Lost Time Beyond Waiting Period
I = Indemnity for Lost Time OR L = Became Indemnity for Lost Time (but not both)
B = Became Medical Only

32. CLAIM TYPE CODE – DN0074 (continued)

DP Rule:

- Jurisdictions should clarify in their Event Table how "Lost Time" is determined.
- If a jurisdiction accepts Claim Type Codes, they will need to describe in their Element Requirement Table/Edit Matrix what codes are required/ accepted and under what conditions the specific code is required to be sent. Jurisdictions should expect to receive the "highest" required Claim Type Code in the hierarchy that is applicable to the claim at the time a transaction is being sent. This includes transactions sent in response to TE's or TR's and acquired MTCs AQ, AU or AP.
- If required by jurisdiction, Claim Type Code can be updated/changed on the next applicable MTC or an MTC 02.

33. CURRENT DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF CURRENT DATE OF DISABILITY – DN0417

Definition: The date the claim administrator was notified or became aware of the current period of the employee's work-related disability/incapacity.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 8 DATE
DP Rule: This date is used to reflect when the claim administrator was aware of the Current Date Disability Began (DN0144).

34. CURRENT DATE DISABILITY BEGAN – DN0144

Definition: The first qualifying day of disability in the current period of disability being reported.
Orig/Rev: 07/01/97, 05/27/03, 04/22/14, 08/15/17
Record: R21; R22
Format: 8 DATE
DP Rule: This date is only used when a disability period has stopped and a subsequent period of disability is starting. The Current Date Disability Began never equals the Initial Date Disability Began (DN0056). The Current Date Disability Began should never be sent without an Initial Return to Work Date, intervening suspension, cessation, or denial of all indemnity benefits. There will always be a break in time between the initial and subsequent periods of disability.
The Current Date Disability Began is not initially sent or updated solely because a change in benefit type occurs or because a new concurrent benefit type is initiated in the same disability period. It is also not sent solely if any indemnity benefits other than lost wage benefits (such as Permanent Partial) are being initiated. An Initial Date Disability Began (DN0056) should have already been sent when benefits were previously initiated, or the Current Date Disability Began should represent a subsequent period of disability in the same transaction, i.e., broken periods of disability within the waiting period (see Non-Consecutive Period Code – DN0212).

35. CURRENT DATE EMPLOYER HAD KNOWLEDGE OF CURRENT DATE OF DISABILITY – DN0416

Definition: The date the employer was notified or became aware of the current period of the employee's work-related disability/incapacity.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 8 DATE
DP Rule: This date is used to reflect when the employer was aware of the Current Date Disability Began (DN0144). This date must be greater than or equal to the Current Date Disability Began. This date is only required when the current disability period contains the first instance in which disability extends beyond the waiting period.

36. CURRENT DATE LAST DAY WORKED – DN0145

Definition: The last day worked prior to the first day of disability for the current period of disability.
Orig/Rev: 07/01/97, 05/27/03, 01/01/09, 08/15/17
Record: R21; R22
Format: 8 DATE
DP Rule: This date is used on subsequent periods of disability.

- Must be in the course of employment.
- Is not contingent on payment of wages.
- An Initial Date Last Day Worked (DN0065) should have already been sent, or the Current Date Last Day Worked should represent a subsequent period of disability in the same transaction, i.e., waiting period (see Non-Consecutive Period Code – DN0212).
- Is after the Initial Date Last Day Worked.
- Is on or before the Current Date Disability Began for that same disability period.

37. CURRENT RETURN TO WORK DATE – DN0072 (now Latest Return to Work Status Date – DN0072)

Please refer to Latest Return to Work Status Date – (DN0072)

38. DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF THE INJURY – DN0041

Definition: The earlier of the date(s) the claim administrator or the insurer first received notice of the accident or injury from any source.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 8 DATE
DP Rule: If the notice of loss or occurrence is passed from one entity to another; i.e. Insurer to TPA, then the date reported will be the date that the first entity had knowledge of the occurrence, whether notification was by phone, fax, mail, or any other means.

39. DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY – DN0040

Definition: The earlier of the date that the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 8 DATE

40. DATE OF INJURY – DN0031

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49
Format: 8 DATE

41. DEATH RESULT OF INJURY CODE – DN0146

Definition: A code that indicates whether the worker's death was a result of the injury.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: **Y = Yes**
N = No
U = Unknown

42. DENIAL REASON NARRATIVE – DN0197

Definition: A description identifying reasons for denying a claim in full or in part. The narrative may be used to present denial reasons not identified by code(s) or to provide a factual basis supporting and information for the denial reason(s) identified by code(s). If both code and text are required, the narrative will contain only reasons in excess of the five codes, as text, and/or supporting information for any reasons submitted. Narrative reason will not include code values. The narrative will not be required to be a text equivalent of the denial reason codes. The narrative description will not invalidate a denial reason code.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 11/04/05, 9/9/09, 5/16/13, 8/15/17
Record: R21; R22
Format: 500 A/N (up to 10 occurrences of 50)
DP Rule: This is only applicable on MTC 04, PD (or its corresponding CO), 02, or UR. A FROI or SROI MTC 02 changing the denial reason narrative will only update the denial reason narrative on the most recently accepted denial transaction, regardless of whether the most recent denial reported was a FROI or a SROI transaction. See Variable Segment Population Rules for Denial Reason Narratives Segment in Section 4 for further explanation.

43. DENIAL RESCISSION DATE – DN0196

Definition: The date a previous denial was revoked.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 9/21/06, 11/02/15, 01/01/19
Record: R21, R22
Format: 8 DATE
DP Rule: This data element is not applicable on a FROI MTC 04. It is also not applicable on a FROI 00, UI, or AU (if any of these FROI MTCs are the initiating FROI on the claim), and on a SROI MTC 04, AB, CA, CB, PX, or SX.

44. EMPLOYEE AUTHORIZATION TO RELEASE MEDICAL RECORDS INDICATOR – DN0150

Definition: An indicator that the employee's written authorization to release medical records related to the injury is on file.
Orig/Rev: 07/01/97, 11/30/98
Record: R21
Format: 1 A/N
Values: **Y = Yes**
N = No

45. EMPLOYEE DATE OF BIRTH – DN0052

Definition: The date the employee was born.
Orig/Rev: 06/07/95, 07/01/97, 05/27/03
Record: 148; R22
Format: 8 DATE

46. EMPLOYEE DATE OF DEATH – DN0057

Definition: The date the employee died.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 8 DATE

47. EMPLOYEE DATE OF HIRE – DN0061

Definition: The date the employee began his/her employment with the employer under whose coverage the claim is being filed. If there have been multiple periods of employment with the same employer, this would be the beginning date of the current employment period.
Orig/Rev: 03/11/92, 07/01/97, 05/22/03
Record: 148
Format: 8 DATE
DP Rule: If only employee's number of years employed is known, an appropriate date should be calculated using the Date of Injury month and 01 for the day.

48. EMPLOYEE EMPLOYMENT VISA – DN0152

Definition: The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

49. EMPLOYEE FIRST NAME – DN0044

Definition: The employee's legally recognized first name.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; R22
Format: 15 A/N
DP Rule: This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized first name.

50. EMPLOYEE GENDER CODE – DN0053

Definition: The code indicating the sex of the employee.
Orig/Rev: 03/11/94, 07/01/97, 05/28/03
Record: 148
Format: 1 A/N
Values: **M = Male**
F = Female
U = Unknown

51. EMPLOYEE GREEN CARD – DN0153

Definition: The number assigned by the United States Government and issued on an official document to foreign nationals permitting them to work in the United States. (Alien identification number.)
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

52. EMPLOYEE ID ASSIGNED BY JURISDICTION – DN0154

Definition: A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

53. EMPLOYEE ID TYPE QUALIFIER – DN0270

Definition: Identifies the employee ID being transmitted.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: **A = Employee ID Assigned by Jurisdiction (DN0154)**
E = Employee Employment Visa (DN0152)
G = Employee Green Card (DN0153)
P = Employee Passport Number (DN0156)
S = Employee Social Security Number (DN0042)
DP Rule: There are five types of Employee ID numbers: Only one type can be sent. If SSN is known, it is preferred.

54. EMPLOYEE LAST NAME – DN0043

Definition: The employee's legally recognized last name.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 40 A/N
DP Rule: This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized last name.

55. EMPLOYEE LAST NAME SUFFIX – DN0255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III, etc.).
Orig/Rev: 07/01/97
Record: R21; R22
Format: 4 A/N

56. EMPLOYEE MAILING CITY – DN0048

Description: The city of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 15 A/N

57. EMPLOYEE MAILING COUNTRY CODE – DN0155

Description: The country of the employee's mailing address.
Orig/Rev: 07/01/97, 07/26/12
Record: R21
Format: 3 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: This code is required only if the employee country address is not in the US. Values are 2 digit left-justified. Please refer to the Data Formats section of Section 2 (Systems Rules). A/N code values are left-justified but should only contain valid values from the standard code list, regardless of whether the value fills the length of the field; remaining positions should be populated with space.

58. EMPLOYEE MAILING POSTAL CODE – DN0050

Description: The postal code of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97, 12/19/05
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list

59. EMPLOYEE MAILING PRIMARY ADDRESS – DN0046

Definition: The mailing address for the employee.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N

60. EMPLOYEE MAILING SECONDARY ADDRESS – DN0047

Definition: The mailing address for the employee.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

61. EMPLOYEE MAILING STATE CODE – DN0049

Definition: The state of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.

62. EMPLOYEE MARITAL STATUS CODE – DN0054

Definition: Acode indicating the employee's marital status as of the date of injury.
Orig/Rev: 03/11/94, 07/01/97, 05/28/03, 06/18/12
Record: 148; R22
Format: 1 A/N
Values: **U = Unmarried, Widowed, Divorced, Single**
M = Married
S = Separated
K = Unknown
DP Rule: Employee marital status should be defined by jurisdiction law.

63. EMPLOYEE MIDDLE NAME/INITIAL – DN0045

Definition: The employee's legally recognized middle name or initial.
Orig/Rev: 06/07/95, 07/01/97; 08/27/12
Record: R21; R22
Format: 15 A/N
DP Rule: Claim administrators should prepare their systems to accommodate the full 15 bytes allocated for the employee's middle name. Although an employee's middle name may not be known at the beginning of a claim, it may become known later during the life of the claim and should be reported to the jurisdiction at that time.

64. EMPLOYEE NUMBER OF DEPENDENTS – DN0055

Definition: The number of individuals relying on the employee for economic support as defined by the jurisdiction's statute.
Orig/Rev: 03/11/95, 07/01/97
Record: 148; A49
Format: 2 N

65. EMPLOYEE PASSPORT NUMBER – DN0156

Definition: The number assigned to an officially recognized passport by a country's government to one of its citizens that authenticates the bearer's identity, citizenship, right to protection while abroad, and right to re-enter his or her native country.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

66. EMPLOYEE PHONE NUMBER – DN0051

Definition: The phone number where the employee can be reached.
Orig/Rev: 06/07/95, 07/01/97
Release: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

67. EMPLOYEE SECURITY ID – DN0206

Definition: A unique number designated by the jurisdiction to be used in conjunction with or in the place of the Employee ID (Employee ID Assigned by Jurisdiction - DN0154, Employee Employment Visa - DN0152, Employee Green Card - DN0153, Employee Passport Number - DN0156, Employee Social Security Number - DN0042) to protect the privacy of the Employee ID.
Orig/Rev: 02/20/2013
Record: R21, R22, AKC, ARC
Format: 15 A/N
DP Rule: If the jurisdiction requires the Employee Security ID, the jurisdiction must return the Employee Security ID in the acknowledgment to promote future reporting of the designated value.

- To prevent duplicates in the Claim Administrator's system, if the jurisdiction requires the Employee Security ID, the first 2 bytes must be the assigning jurisdiction's 2 digit jurisdiction state code.
- Jurisdictions that choose to implement the Employee Security ID must define in their Implementation Guide when they will require it to be sent: i.e Establishing FROI should always include the Employee ID as outlined in the definition above.

68. EMPLOYEE SOCIAL SECURITY NUMBER RELEASE INDICATOR – DN0157

Definition: An indicator acknowledging Claim Administrator's receipt of the employee's written authorization to release the employee's Social Security Number. It is used when required by the trading partner (e.g. by statute).
Orig/Rev: 07/01/97
Record: R21
Format: 1 A/N
Values: **Y = Yes**
N = No

69. EMPLOYEE SSN – DN0042

Definition: An identification number issued by the Social Security Administration used to record an individual's reported wages or self-employment income.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 9 A/N

70. EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN0159

Definition: The business phone number of the intended contact, organization, or individual.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

71. EMPLOYER CONTACT NAME – DN0160

Definition: The name of the intended contact organization or individual.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

72. EMPLOYER FEIN – DN0016

Definition: The Federal Employer Identification Number (FEIN) of the employer where the employee was employed at the time of the injury.
Orig/Rev: 08/09/95, 07/01/97, 11/22/05
Record: 148; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction).

73. EMPLOYER ID ASSIGNED BY JURISDICTION – DN0230

Definition: A state tax ID number or an ID number assigned to a state agency by the jurisdiction, other than the unemployment insurance (UI) number.
Orig/Rev: 11/20/2015
Record: R21
Format: 15 A/N
DP Rule: The jurisdiction must define on their Element Requirement Table what number must be sent in this field. Only one of these numbers can be used in this field. This number cannot be required if Employer UI Number (DN0329) is also required.

74. EMPLOYER MAILING CITY – DN0165

Definition: The city of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: This may or may not be the official address at the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

75. EMPLOYER MAILING COUNTRY CODE – DN0166

Definition: The country of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97, 07/26/12
Record: R21
Format: 3 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
This code is only required if the employer address is not in the US.
Values are 2 digit left-justified. Please refer to the Data Formats section of Section 2 (Systems Rules). A/N code values are left-justified but should only contain valid values from the standard code list, regardless of whether the value fills the length of the field; remaining positions should be populated with space.

76. EMPLOYER MAILING INFORMATION/ATTENTION LINE – DN0163

Definition: The name of the person, department, or other information, as provided by the employer to the claim administrator that facilitates delivery within the employer's organization.
Orig/Rev: 07/01/97
Record: R21
Format: 50 A/N
DP Rule: This may or may not be the official contact at the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
This is a free form text field that cannot be edited by the jurisdiction.

77. EMPLOYER MAILING POSTAL CODE – DN0167

Definition: The postal code of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97, 12/19/05
Record: R21
Format: 9 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

78. EMPLOYER MAILING PRIMARY ADDRESS – DN0168

Definition: The primary address of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

79. EMPLOYER MAILING SECONDARY ADDRESS – DN0169

Definition: The secondary address of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.The Secondary Address field is for overflow text characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

80. EMPLOYER MAILING STATE CODE – DN0170

Definition: The state of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

81. EMPLOYER NAME – DN0018

Definition: The legal name of the business entity that is filing the claim, hired the employee and provided direction and remuneration to the employee at the time of injury, or as jurisdictionally defined for volunteers and other non-paid classes of employees. In a leasing situation, this would be the lessor.
Orig/Rev: 08/09/95, 07/01/97
Record: R21
Format: 40 A/N

82. EMPLOYER PAID SALARY IN LIEU OF COMPENSATION INDICATOR – DN0273

Definition: The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury.
Orig/Rev: 06/07/94, 07/01/97, 11/30/98, 04/28/04
Record: R21; R22
Format: 1 A/N
Values: **Y = Yes**
N = No
DP Rule: If the employer is reimbursed the full statutory amount for the benefit period paid by the employer, then the indicator should be re-set to "N".

83. EMPLOYER PHYSICAL CITY – DN0021

Definition: The city of the employer's facility where the employee was employed at the time of injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 15 A/N

84. EMPLOYER PHYSICAL COUNTRY CODE – DN0164

Definition: The country of the employer's facility where the employee was employed at the time of injury.
Orig/Rev: 07/01/97, 07/26/12
Record: R21
Format: 3 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rules: This code is required only if the employer country address is not in the US.
Values are 2 digit left-justified. Please refer to the Data Formats section of Section 2 (Systems Rules). A/N code values are left-justified but should only contain valid values from the standard code list, regardless of whether the value fills the length of the field; remaining positions should be populated with space.

85. EMPLOYER PHYSICAL POSTAL CODE – DN0023

Definition: The postal code of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97, 12/19/05
Record: 148; R22
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

86. EMPLOYER PHYSICAL PRIMARY ADDRESS – DN0019

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/9, 07/01/97
Record: R21
Format: 40 A/N

87. EMPLOYER PHYSICAL SECONDARY ADDRESS – DN0020

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

88. EMPLOYER PHYSICAL STATE CODE – DN0022

Definition: The state of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.

89. EMPLOYER UI NUMBER – DN0329

Definition: The unemployment insurance number assigned by the jurisdiction unemployment agency to each employer.
Orig/Rev: 07/01/97, 11/20/2016
Record: R21
Format: 15 A/N
DP Rule: Depending on the jurisdiction, this information may be difficult for claim administrators to report. For Claims transactions, this number cannot be required if Employer ID Assigned By Jurisdiction (DN0230) is also required.

90. EMPLOYMENT STATUS CODE – DN0058

Definition: A code indicating the employee's primary work status at the time of the injury with the covered employer.
Orig/Rev: 03/28/94, 07/01/97, 05/27/03, 01/20/06
Record: 148; R22
Format: 2 A/N
Values: Hierarchy – In the event that two Employment Status Codes apply to an employee, the topmost code in the following hierarchy will be reported, i.e., if employee is a part time seasonal worker, report as a seasonal worker.

C = Piece Worker indicates that the claimant was paid for employment according to the number of products/services completed or number of trips completed.
9 = Volunteer indicates that the injured worker is a volunteer for the covered employer and sustained a compensable injury, but the claim administrator will make no indemnity payments unless indemnity benefits are required based on concurrent employment.
8 = Seasonal Worker indicates that the claimant was employed in a position dependent on or controlled by the season of the year.
A = Apprenticeship Full-Time indicates that the claimant was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.
B = Apprenticeship Part-Time indicates that the claimant was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.
1 = Regular/Full-Time Employee indicates that the injured worker was employed on a full-time basis.(Schedule is comparable to other employees of the company and/or other employees in the same business or vicinity that are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers.
2 = Part-Time Employee indicates that the injured worker was employed on a part-time basis and whose work history in the preceding months shows that the person worked on less than a full-time basis. This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship, or piece workers.
3 = Unemployed/Not Employed indicates that the injured worker was not employed by the employer against whom the claim is submitted after the date of injury for reasons other than disability, strike, or retirement.
6 = Retired indicates that the claimant was in retirement after the time of injury (i.e. a claimant with black lung). This status is also used when reporting experience for retired season, volunteer, apprenticeship, or piece worker.
4 = On Strike indicates that the injured worker was on strike after the time of injury. This status is also used when reporting experience for on strike seasonal, volunteer, apprenticeship, or piece workers.
5 = Disabled indicates that the injured worker (who is still working) had a disability unrelated to the new injury in this report. This status is also used when reporting experience for disabled seasonal, volunteer, apprenticeship, or piece workers.

90. EMPLOYMENT STATUS CODE – DN0058 (continued)

7 = Other indicates that the claimant had an employment status other than those previously listed at the time of the injury.

Hierarchy	Name	Value
1	Piece Worker	C
2	Volunteer	9
3	Seasonal	8
4	Apprenticeship Full-Time	A
5	Apprenticeship Part-Time	B
6	Regular/Full-Time	1
7	Part-Time Employee	2
8	Unemployed/Not Employed	3
9	Retired	6
10	On Strike	4
11	Disabled	5
12	Other	7

91. FIRST DAY OF DISABILITY AFTER THE WAITING PERIOD – DN0297 (Formerly the Initial Date of Lost Time)

Definition: The first day qualifying as a day of disability in the first period of disability after the waiting period requirements have been met.
Orig/Rev: 04/27/04, 08/15/17
Record: R21; R22
Format: 8 DATE

92. FULL DENIAL EFFECTIVE DATE – DN0199

Definition: The date from which the claim administrator is denying all benefits for the claim.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06
Record: R21; R22
Format: 8 DATE
DP Rule: This is only applicable on MTC 04 (or its corresponding CO), 02, or UR.

93. FULL DENIAL REASON CODE – DN0198

Definition: A code used to identify reasons for denying a claim in its entirety or defending that assertion.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 11/07/06, 11/27/12
Record: R21; R22
Format: 2 A/N
Values:

1 = No Compensable Accident/Not in Course and Scope of Employment
- **A** = Coming and going
- **B** = Horseplay
- **C** = Willful intent to injure oneself
- **D** = Does not meet statutory definition of accident
- **E** = Deviation from employment
- **F** = Recreational/social activity
- **G** = Traveling employee
- **H** = Subsequent intervening accident
- **I** = Presumption of compensability, as defined by the jurisdiction, does not apply

2 = No Causal Relationship
- **A** = Idiopathic condition
- **B** = Pre-existing condition
- **C** = Stress non-work related

93. FULL DENIAL REASON CODE – DN0198 (continued)

D = No medical evidence of injury
E = No injury per statutory definition
F = Accident not major contributing cause of injury

3 = No Coverage

A = No employer/employee relationship
B = Independent contractor
C = Does not meet statutory definition of employee
D = No jurisdiction
E = No policy in effect on the date of accident
F = Statute of limitation expired
G = Statutory exemptions (sole proprietor, corporate officer etc.)
H = Elected other coverage (24 hour, collective bargaining, opted out)
I = Employee not reported to PEO

4 = Substance Use/Abuse

A = Injury primarily occasioned by intoxication or use of any drug
B = Substance use/abuse, violation of drug-free work place policy in effect

5 = Other (Not Elsewhere Classified)

A = Failure to report accident timely
B = Right to reserve
C = Misrepresentation

DP Rule: If above code(s) and Denial Reason Narrative are approved for jurisdiction use, narrative will provide denial reasons for which there is no Full Denial Reason Code and/or supportive comments. Code fields will not be edited against the narrative. The Full Denial Reason Code may occur up to five times. This is only applicable on MTC 04 (or its corresponding CO), 02, or UR.

94. FULL WAGES PAID FOR DATE OF INJURY INDICATOR – DN0066

Definition: Indicates whether the employer paid full wages for the date of the accident/injury or illness.
Orig/Rev: 03/11/94, 07/01/97, 11/30/98
Release: 148; R22
Format: 1 A/N
Values: **Y = Yes**
N = No

95. INDUSTRY CODE – DN0025

Definition: The NAICS (North American Industry Classification System) code representing the nature of the employer's business which is contained in the industrial classification manual published by the Federal Office of Management and Budget.
Orig/Rev: 03/11/94, 07/01/97, 12/01/99, 05/28/03, 04/08/05, 04/09/08
Record: 148
Format: 6 A/N
Values: See link to code list:
https://labor.alabama.gov/wc/EDI/edipg8.aspx.

96. INITIAL DATE DISABILITY BEGAN – DN0056

Definition: The first day qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49
Format: 8 DATE

96. INITIAL DATE EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY – DN0281 (formerly Date Employer Had Knowledge of Date of Disability) - continued

Definition: The date the employer was notified or became aware of the initial or subsequent period of the employee's work-related disability/incapacity.
Orig/Rev: 12/01/02, 08/15/17
Record: R21; R22
Format: 8 DATE
DP Rule: This date may be equal to or greater than Date Employer Had Knowledge of the Injury (DN0040). This date is used to reflect when the employer was aware of the Initial Date Disability Began (DN0056).

97. INITIAL DATE LAST DAY WORKED – DN0065

Definition: The last day worked prior to initial disability entitlement. Initial Date Last Day Worked must meet all of the following conditions:
- Must be in the course of employment.
- Is not contingent on payment of wages.
- Is on or after the Date of Injury.
- Is on or before the Initial Date Disability Began.
- Be the first such event in this claim.

Orig/Rev: 08/09/95, 07/01/97
Record: 148; R22
Format: 8 DATE

98. INITIAL RTW DATE –DN0068

Definition: The first date on which the employee was released to or actually returned to work at full or reduced wages.
Orig/Rev: 10/04/00, 04/11/08, 02/07/13, 08/15/17
Record: 148; R22
Format: 8 DATE
DP Rule:
- The Initial RTW Date (DN0068 could be equal to the Date of Injury (DH0031).
- If the Initial RTW information was reported correctly, any later activity that affects or changes an injured worker's physical restrictions, type code, or same employer indicator shall be reported in the Latest RTW data elements.
- This date must be prior to the Latest RTW/Status Date (DN0072).

99. INITIAL RTW PHYSICAL RESTRICTIONS INDICATOR – DN0404

Definition: An indicator that identifies whether or not physical restrictions exist upon the employee's first release or actual return to work.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 1 A/N
Values: **N = Without Physical Restrictions**
Y = With Physical Restrictions
DP Rule: The Initial RTW Physical Restrictions Indicator is required whenever an Initial RTW Date is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, any later activity that affects or changes an injured worker's physical restrictions shall be reported in the Latest RTW data elements.

100. INITIAL RTW TYPE CODE – DN0403

Definition: A code identifying whether the first return to work date is the date the injured worker was released to return to work or actually returned to work.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 1 A/N
Values: **A = Actual**
R = Released
DP Rule: The Initial RTW Type Code is required whenever an Initial RTW Date is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, any later activity that affects or changes an injured worker's type code shall be reported in the Latest RTW data elements.

101. INITIAL RTW WITH SAME EMPLOYER INDICATOR – DN00405

Definition: An indicator identifying whether or not the employee's first return to work was with the same employer at which the injury occurred.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 1 A/N
Values: **Y = Yes**
N = No
DP Rule: This value applies only when the Initial RTW Type Code = "A" (Actual). The Initial RTW With Same Employer Indicator is required whenever an Initial RTW Date with an "Actual" Initial RTW Type Code is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, and benefits are still being paid, any later activity that affects or changes the status of whether an injured worker has returned to work with the same employer shall be reported in the Latest RTW data elements.

102. INITIAL TREATMENT CODE – DN0039

Definition: A code identifying the extent of medical treatment received by the employee immediately following the accident.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 2 A/N
Values: **0 = No medical treatment**
1 = Minor on-site remedies by employer medical staff
2 = Minor clinic/hospital medical remedies and diagnostic testing
3 = Emergency evaluation, diagnostic testing, and medical procedures
4 = Hospitalization greater than 24 hours
5 = Future major medical/Lost time anticipated (i.e. hernia case)

103. INJURY SEVERITY TYPE CODE – DN0229

Definition: A code describing the seriousness of the injury, according to a jurisdiction's regulation. These injury severity types are usually associated with different data requirements and reporting timeframes, as defined by jurisdiction.
Orig/Rev: 11/02/15
Record: R21, R22
Format: 1 A/N
Values: **M = Minor** – This injury is considered a "minor" injury as defined by jurisdiction on the Event Table.
J = Major/Medical Threshold – This injury is considered a "major" injury as defined by jurisdiction on the Event Table and/or has met the dollar threshold amount for paid medical used as a reporting requirement as defined by jurisdiction.

104. INSOLVENT INSURER FEIN – DN0292

Definition: The Federal Employer Identification Number (FEIN) of the insolvent insurance company who no longer has financial responsibility for this claim.
Orig/Rev: 05/14/03
Record: R21; R22
Format: 9 A/N
DP Rule: This data element can only be required if the insurer is a Guarantee Fund.

105. INSURED FEIN – DN0314

Definition: The Federal Employer Identification Number (FEIN) corresponding to and uniquely identifying the insured.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).

106. INSURED LOCATION IDENTIFIER – DN0027

Definition: A code defined by the insured identifying the employer's location of the accident.
Orig/Rev: 06/07/95, 07/01/97, 05/16/03
Record: 148
Format: 15 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).

107. INSURED NAME – DN0017

Definition: The named entity of the policy. Typically, the insured name is the parent company in a hierarchically structured organization.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).

108. INSURED REPORT NUMBER – DN0026

Definition: Anumber assigned by the insured to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97, 12/19/05
Record: R21; A49; AKC; ARC
Format: 25 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).
If this data element is included on any FROI/SROI transaction, it should be returned on the transaction's acknowledgment regardless of whether it is a data element collected by the jurisdiction.

109. INSURED TYPE CODE – DN0184

Definition: A code representing the kind of insurance arrangement held by the financially responsible party associated with the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 1 A/N
Values: **I = Insured**
S = Self-Insured
U = Uninsured
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident).

110. INSURER FEIN – DN0006

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

111. INSURER NAME – DN0007

Definition: The legal name of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

112. INSURER TYPE CODE – DN0185

Definition: A code representing the type of entity providing financial responsibility for the claim.
Orig/Rev: 07/01/97, 05/22/03
Record: R21
Format: 1 A/N
Values: **I = Insurer**
S = Self-Insurer
G = Guarantee Fund

113. JURISDICTION BRANCH OFFICE CODE – DN0186

Definition: A number assigned by the jurisdiction identifying the branch/field office overseeing the handling of the claim.
Orig/Rev: 07/01/97
Record: R21; R22; AKC; ARC
Format: 2 A/N

114. JURISDICTION CLAIM NUMBER – DN0005

Definition: The number assigned by the jurisdiction to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49; AKC; ARC
Format: 25 A/N

115. JURISDICTION CLAIM NUMBER - RELATED – DN0401

Definition: The number assigned by the jurisdiction to identify a specific claim that is related to the Jurisdiction Claim Number on the incoming transaction, for reasons that include but are not limited to the following:

- This Jurisdiction Claim Number will be used for future reporting on this claim after this claim is entirely cancelled.
- This Jurisdiction Claim Number is for the claim with the Date of Injury that contains the settlement information related to this claim. See Reduced Benefit Amount Code – S (Claim Settled Under Another DOI).

Orig/Rev: 08/15/17
Record: R21; R22
Format: 25 A/N
DP Rule: Can only be required if DN0400 Cancel Reason Code - D (Duplicate/Combined Claim) or R (Disputed Request by Jurisdiction), or when DN0202 Reduced Benefit Amount Code – S (Claim Settled Under Another DOI) is present. Jurisdiction may not be able to automate presence of the JCN; reconciliation may need to be done manually. The Jurisdiction should indicate in their implementation guide how transactions from the canceled claim will be reconciled with the surviving claim.

116. JURISDICTION CODE – DN0004

Definition: The code uniquely identifying the governing body or territory whose statutes apply.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org plus list of non-state jurisdictions as follows:

UL = Long Shore & Harbor Workers' Compensation Act
U1 = Defense Base Act
U2 = Non-Appropriated Fund Instrumentalities Act
U3 = Outer Continental Shelf Act
U4 = War Hazards Compensation Act
FC = Federal Coal Mine Health & Safety Act
FE = Federal Employers Liability Act
M1 = Admiralty I & II

117. LATE REASON CODE – DN0077

Definition: A code identifying the reason a payment/report was not made within a jurisdiction's time requirements.
Orig/Rev: 06/07/95, 07/01/97, 02/8/05, 05/05/06
Record: A49; R21
Format: 2 A/N
Values: **Delays**

L1 = No excuse
L2 = Late notification, employer
L3 = Late notification, employee
L4 = Late notification, jurisdiction transfer
L5 = Late notification, health care provider
L6 = Late notification, assigned risk
L7 = Late investigation
L8 = Technical processing delay, computer failure
L9 = Manual processing delay
LA = Intermittent lost time prior to first payment
LB - Late notification/payment due to a natural disaster
LC - Late notification/payment due to an act of terrorism

117. LATE REASON CODE – DN0077 (continued)

Coverage
C1 = Coverage lack of information

Errors
E1 = Wrongful determination of no coverage
E2 = Errors from employer
E3 = Errors from employee
E4 = Errors from jurisdiction
E5 = Errors from health care provider
E6 = Errors from other claim administrator/IA/TPA

Disputes
D1 = Dispute concerning coverage
D2 = Dispute concerning compensability in whole
D3 = Dispute concerning compensability in part
D4 = Dispute concerning disability in whole
D5 = Dispute concerning disability in part
D6 = Dispute concerning impairment

118. LATEST RTW STATUS DATE – DN0072 (formerly Current Return to Work and Latest Return to Work Status Date – DN0072)

Definition: The most recent date on which:
- The employee actually returned to work, or was released to return to work, as identified by the Return to Work Type Code (DN0189), OR
- Physical restrictions changed as reported with the Physical Restrictions Indicator (DN0224), OR
- Any change occurs to the Latest RTW with Same Employer Indicator (DN0408), OR
- Any combination of changes to the Latest RTW Type Code (DN0406), Latest RTW Physical Restrictions Indicator (DN0407), and/or Latest RTW with Same Employer (DN0408)..

Orig/Rev: (formerly Current Return to Work Date and Latest RTW/Status Date), 02/07/13, 08/15/17

Record: R21; A49

Format: 8 DATE

DP Rule: This date must be after the Initial Return to Work Date (DN0068) and can be prior to a Current Date Disability Began (DN0144). The Latest RTW Status Date is not tied to a subsequent period of disability and therefore should not be edited against Current Date Disability Began (DN0144) or Current Date Last Day Worked (DN0145).

119. LATEST RTW PHYSICAL RESTRICTIONS INDICATOR – DN0407

Definition: An indicator that identifies whether or not physical restrictions exist upon the employee's release or actual return to work.

Orig/Rev: 08/15/17

Record: R21; R22

Format: 1 A/N

Values: **N = Without Physical Restrictions**
Y = With Physical Restrictions

DP Rule: The Latest RTW Physical Restrictions Indicator is required whenever a Latest RTW Date is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, any later activity that affects or changes an injured worker's physical restrictions shall be reported in the Latest RTW data elements.

120. LATEST RTW TYPE CODE – DN0406

Definition: A code identifying whether a Latest Return To Work/Status Date is the date the injured worker was released to return to work or actually returned to work.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 1 A/N
Values: **A = Actual**
R = Released
DP Rule: The Latest RTW Type Code is required whenever a Latest RTW/Status Date is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, any later activity that affects or changes an injured worker's type code shall be reported in the Latest RTW data elements.

121. LATEST RTW WITH SAME EMPLOYER INDICATOR – DN0408

Definition: An indicator identifying whether or not the employee returned to work with the same employer at which the injury occurred.
Orig/Rev: 08/15/17
Record: R21; R22
Format: 1 A/N
Values: **Y = Yes**
N = No
DP Rule: This value applies only when the Latest RTW Type Code = "A" (Actual). The Latest RTW With Same Employer Indicator is required whenever a Latest RTW Date with an "Actual" Latest RTW Type Code is sent on the transaction, unless otherwise indicated by the jurisdiction. If the Initial RTW information was reported correctly, and benefits are still being paid, any later activity that affects or changes the status of whether an injured worker has returned to work with the same employer shall be reported in the Latest RTW data elements.

122. MAINTENANCE TYPE CODE – DN0002

Definition: A code defining the specific purpose of individual records within the transaction being transmitted.
Orig/Rev: 08/09/95, 07/01/97, 11/30/98, 05/27/03, 02/8/05, 03/1/05, 04/08/05, 02/08/06, 04/06/09, 08/21/09, 08/12/13, 12/08/14, 01/01/19
Record: 148; A49; AKC;ARC; R22 – refer to specific MTC
Format: 2 A/N
DP Rule: Refer to Variable Segment Population Rules and MTC Simplification Guide in Section 4 for valid MTC values within a batch and population Rules.
Values: **00 = Original** – The original/initial first report (FROI) transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled (01), or a subsequent first report (FROI) for a claim that was previously denied in its entirety (04), was under investigation (UI), or was sent upon request (UR).

Record: 148
DP Rule: A jurisdiction may or may not allow a 00 Original after a 04, UI, or UR. For example, in a case where a jurisdiction does not allow a 00 after a 04, the 04 is accepted as the originating document and a 00 may be rejected as a duplicate claim based on their match data rules. A different jurisdiction may choose to accept both the 04 and the 00.

122. MAINTENANCE TYPE CODE – DN0002 (continued)

01 = Cancel Entire Claim – The original first report was sent in error.
Record: 148
DP Rule: A previous first report must have been filed before the 01 is sent and may be sent even after subsequent report(s) have been filed. Refer to *01 Cancel Processing Rules and Jurisdiction Change* in Section 4.

02 = Change – The claim administrator initiates a Change (02) MTC when it identifies a change in a data element designated on the Element Requirement Table. Refer to *02 Change Processing Rules* in Section 4.
Record: 148; A49; R22
DP Rule:

- Subsequent Report: The "02" Maintenance Type Code should be used if the Average Wage (DN0286), Concurrent Employer Wage (DN0143), Calculated Weekly Compensation Amount (DN0134), Benefit Redistribution Weekly Amount (DN0133), or Gross Weekly Amount (DN0174) changes but the Net Weekly Amount (DN0087) does not change, unless it is in response to a "TE" (in which case a "CO" is used). If the Net Weekly Amount (DN0087) or Benefit Type Code (DN0085) changes, use the CA or CB Maintenance Type Code respectively, unless it is in response to a "TE" (in which case a "CO" is used).
- First or Subsequent Report: A transaction may not include changes to more than one "Match" Data element at a time in order to allow a match of the remaining values to the trading partner's records. Refer to the Match Data Rules in Section 4 and the Jurisdiction's Match Data Table.

04 = Denial –

- First Report (FROI): The FROI 04 Denial serves the dual purpose of concurrently reporting a new claim to the jurisdiction while denying it in its entirety; or denying a previously reported claim in its entirety. The Event Table will indicate whether a jurisdiction will accept a FROI 04 to deny a claim after a previously reported FROI was accepted.
- Subsequent Report (SROI): The entire claim is being denied after any FROI or any SROI has been filed. The Event Table will indicate whether a jurisdiction will require a SROI 04 to deny a claim after a previously reported FROI was accepted.

Record: 148; A49; R22
DP Rule:

- Depending upon the jurisdiction's Event Table, a FROI 04 may be sent (whether or not payments have been made) after an establishing FROI.
- The FROI 04 is intended to function as a first report. If it is intended to also replace a jurisdiction's "denial" form, it should be indicated on the jurisdiction's Event Table.
- Depending upon the jurisdiction's requirements, the SROI 04 may act like a suspension when benefit(s) are being terminated at the time of the denial. However, since a SROI 04 only contains Sweep Benefits segment data, if the jurisdiction needs Gross and/or Net Weekly Amounts and/or Effective Dates, or Benefit Payment Issue Date, they must also require an MTC SX.

AB = Add Concurrent Benefit Type – Indemnity benefits are currently being paid and a concurrent benefit type is being added or reinstated.
Record: A49; R22 – Refer to Variable Segment Rules

122. MAINTENANCE TYPE CODE – DN0002 (continued)

AC = Acquisition/Indemnity Ceased – Minimal SROI data sent in response to a request by the jurisdiction (such as when DN0410 Acquisition Status Code is sent on the accepted AQ or AU acknowledgment) as a substitute for transaction(s) not accepted from a prior Claim Administrator used to indicate a claim suspension or closure.
Record: A49
DP Rule: A previous AQ or AU must have been accepted. An AC will not include the Benefit variable segment. An AC shall not be accepted if a previous AP, EP, CD, PY (for 0xx or 5xx), IP, or VE transaction was accepted by the current claim administrator. See Section 4 Acquired Claims Processing Rules. The AC will take the place of an SX when the current claim administrator has not paid any indemnity benefits. Jurisdictions can require a FN Final or periodic after the AC.

AP = Acquired/Payment – The claim administrator who acquired the claim has processed their first payment of indemnity benefits.
Record: A49; R22
DP Rule: A previous AQ or AU must have been filed. If a jurisdiction requires a Payments segment on an AP and more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment.

AQ = Acquired Claim – Minimal data sent to report that a new claim administrator has acquired the claim.
Record: 148
DP Rule: AQ or AU must always be the first filing on an acquired claim. If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AQ transaction.

AU = Acquired/Unallocated – The equivalent of an initial first report (MTC 00) filed by new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table, or when the acquiring claim administrator is reopening a claim that was previously cancelled.
Record: 148
DP Rule: If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AU transaction.

CA = Change in Benefit Amount – The Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, the Benefit Type Code has not changed, and benefits are not currently being reinstated. The exception to this would be if the Net Weekly Amount is being reduced to zero and the Reduced Benefit Amount Code = Z is present, the Net Weekly Amount may or may not change from what was previously reported. Refer to DP Rule under Net Weekly Amount. If the Net Weekly Amount is being changed in response to a TE, the CO MTC is used.
Record: A49; R22

122. MAINTENANCE TYPE CODE – DN0002 (continued)

DP Rule:

- The CA Maintenance Type Code should only be used if a previous IP, AP, EP (for BTC 2xx other than 240) or SROI UR has been filed, benefits are not currently being reinstated, and any of the following apply:
  - The Net Weekly Amount is changed after a Suspension and a check for the rate adjustment is being issued for the same Benefit Period Start and/or Through Dates that were reported on the previous Suspension (unless in response to a TE, in which case a CO MTC is used). No additional SX MTC is due.
  - The Net Weekly Amount changes due to recalculation of the Gross Weekly Amount, or there are adjustments and/or credits that affect the Net Weekly Amount but not the Gross Weekly Amount.
- The RB or ER (for BTC 2xx other than 240) Maintenance Type Code should be used if either of the following conditions apply:
  - Ongoing benefits are being reinstated (regardless of the Net Weekly Amount).
  - The Net Weekly Amount changes after a Suspension, and a check for the rate adjustment is being issued for a different Benefit Period Start Date and/or Benefit Period Through Date than was reported on the previous Suspension.
- The CA Maintenance Type Code should be used if the Gross Weekly Amount changes because of application of the employee's current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070).
- The 02 Maintenance Type Code should be used if the Average Wage, or Concurrent Employer Wage changes but the Net Weekly Amount does not change.
- An MTC CA would not be triggered when Actual or Deemed Reduced Earnings yield a Reduced Earnings Net Weekly Amount Due By Claim Administrator of zero. Refer to Section 4 REDUCED EARNINGS SEGMENT rules.

CB = Change in Benefit Type – The Claim Administrator has identified that the Benefit Type Code (DN0085) has changed from the previously reported Benefit Type Code. If the employee had been evaluated for and subsequently determined to receive a different benefit type (0xx), the CB should be used to report the new benefit type if no "terminating" transaction has been accepted. The jurisdiction will determine what represents a "terminating" transaction via the Event table. A CB would also be filed when resuming 2xx employer paid salary in lieu of compensation after 0xx indemnity benefits have been paid; for example (EP, IP, CB-2xx) or (EP, IP, SX, RB-0xx, CB-2xx).

If the Benefit Type Code is being corrected in response to a TE, the CO MTC is used.

Record: A49; R22

DP Rule: A previous IP, AP, or Subsequent Report UR has been filed.

CD = Compensable Death – No Known Dependents/Payees – The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.

Record: A49

DP Rule: Filed to meet jurisdiction timeliness requirement as replacement for Initial Payment report.

If accepting compensability after full denial for death claim, the MTC CD would be used.

122. MAINTENANCE TYPE CODE – DN0002 (continued)

CO = Correction – Corrected data element values are transmitted in response to a "TE" Application Acknowledgment Code.
Record: 148; A49; R22
DP Rule: "CO" (Correction) Maintenance Type Code is only sent in response to transaction "Accepted with Errors" (TE). Maintenance Type Code "02" is used when there is a change of an element designated on the trading partner tables. Transactions reported on an Acknowledgment Report as "Transaction Rejected" (TR) are corrected and re-sent as the original Maintenance Type Code in their entirety.

EP = Employer Paid – The first report of payment of an indemnity benefit other than a lump sum payment/settlement that has been paid by the employer in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report may or may not have been filed.

ER = Employer Reinstatement – The employer has resumed paying the injured employee's salary in lieu of compensation after a suspension of benefits, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report has been filed with a Maintenance Type Code of EP.

FN = Final – Claim Administrator closed claim, no further payments of any kind anticipated.
Record: A49

IP = Initial Payment

- A claim administrator has issued the first payment of an indemnity benefit, other than a lump sum payment/settlement, or
- An indemnity benefit is due, but the benefit has net to zero (i.e. no indemnity benefit payable to the injured worker) due to a complete offset from an adjustment or credit, or
- Temporary Partial Disability benefits are due, but the injured worker is earning more than his comp rate.

DP Rule:

- The Initial Payment transaction implies that indemnity benefit payments are ongoing, or the benefit type has net to zero due to a complete offset from an adjustment or credit, or the injured worker is earning more than his comp rate when Temporary Partial Disability benefits are due.
- The IP may follow an EP or the suspension (SX) of Employer Paid benefits if the claim administrator is making the initial payment of indeminity benefits other than a lump sum payments/settlement after the employer has been paying salary in lieu of compensation.
- The IP may precede or follow PY if the claim administrator is making the initial payment of indeminity benefits as a result of a lump sum amount other than a settlement full. If the claim administrator's initial payment of ongoing indeminity is issued as part of the lump sum payment, the IP should be triggered when the next indeminity check is issued, but could precede the lump sum payment.
- First indemnity payments by the acquiring claim administrator on acquired claims are reported on the AP transaction.
- If a jurisdiction requires a Payments segment on an IP and more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment.

122. MAINTENANCE TYPE CODE – DN0002 (continued)

Jx = reserved for jurisdiction internal use (where x = 0-9 or a-z) for migration from forms to EDI. Future IAIABC standard MTC code values should not be assigned with Jx.

NT = Narrative – A transaction used by the claim administrator to communicate with the jurisdiction on a specific claim. For example, to provide further information supporting the action taken on a claim.
Record: A49
DP Rule: A jurisdiction shall only edit data elements indicated with an "F" requirement code (Fatal - Essential data elements which are necessary for a transmission/ transaction), Match Data and Narrative For Claim DN0430.

A Jurisdiction's Event table is the trigger for an MTC NT to be sent each time a new narrative is created by the Claim Administrator and may be the first SROI on the claim. The number of NT transaction shall not be limited. Jurisdictions may request a narrative for a specific purpose but shall not require a narrative within a specified timeframe. Please refer to the Jurisdiction's trading partner tables and reporting rules.

PD = Partial Denial – A specific benefit(s) is currently being denied.
Record**: A49**
DP Rule:

- A previous subsequent report may or may not have been filed. A previous First Report must have been filed.
- MTC PD is used in conjunction with Partial Denial Effective Date and Partial Denial Code.
- Depending upon the jurisdiction's requirements, for sequencing purposes, an RB may follow a PD without a previous SX.
- MTC PD (Partial Denial) is not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code and Full Denial Effective Date. Denial Reason Narrative can be used to further explain benefits being denied.

PX = Partial Suspension – Payment(s) of one concurrent indemnity benefit have stopped.
Record: A49, R22
DP Rule: DN0419 Suspension Reason Code - Partial is required.

PY = Payment Report – Identifies lump sum payment/settlement reports OR jurisdiction-required reporting of the first payment of Other Benefit Type Codes for medical, funeral, penalty, and attorney fees. This is not to be used for monitoring ongoing payments.

As defined by the Jurisdiction's Event table the PY identifies:

- Lump sum payment/settlement reports and/or
- The first payment of Other Benefit Type Codes for medical, funeral, penalty, and attorney fees, and/or
- The reporting of each payment of penalties and/or interest

- DP Rule: If more than one check is issued for the same indemnity Benefit Type/ Payment Reason Code, all indemnity checks issued should be populated in the Payments segment. Refer to Variable Segment Population Rules (Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payee (DN0217) was established for specified transactions only (IP, AP, PY, RB, or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported in Release 3.1. This is a free form text field that cannot be edited by the jurisdiction.
- Record: A49; R22

122. MAINTENANCE TYPE CODE – DN0002 (continued)

RB = Reinstatement of Benefits – Indemnity benefits (0xx) previously due or paid by the claim administrator have been resumed by the claim administrator, but the reinstated benefit type may or may not have been paid previously.
DP Rule:
The RB Maintenance Type Code should be used if either of the following conditions apply.

- A previous subsequent report must have been filed terminating all indemnity payments. Depending upon the jurisdiction's termination requirements, this could include an MTC SX (Full Suspension), an MTC 04 (SROI Full Denial) that is acting like a suspension when benefit(s) are being terminated at the time of the denial, or an MTC FN (Final).
- The Benefit Type Code being resumed may or may not have been previously paid.RE = Reduced Earnings – The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.

SU = Sync Up – The Claim Administrator has identified missed/delayed transactions or other data issues and has a need to send the most current value for SROI data elements to replace all the missed/delayed information.
Record: A49; R22
DP Rule: Refer to Sync Up Processing Guidelines in Section 4.

SX = Full Suspension – All payment(s) of indemnity benefits have stopped.
Record: A49; R22
DP Rule: DN0418 Suspension Reason Code - Full is required.
UI = Under Investigation – A determination has not yet been made as to whether this is a compensable claim. This MTC may be sent as the First Report.
Record: 148; A49

UR = Update Report – Submitted on a legacy claim as defined by the jurisdiction's Event Table. Refer to the Legacy Claims Processing Rules in Section 4.
Record: 148; A49
DP Rule: FROI: The FROI UR is intended to match a claim previously reported to the state and/or initiate EDI reporting. The FROI UR may or may not be required prior to submitting the SROI UR if the JCN has already been communicated to the Claim Administrator. Refer to Legacy Processing Rules in Section 4 and Migration Document for more information.

SROI: The SROI UR is intended to provide a starting point for legacy claim data and benefits paid to date. Legacy claims where the initiating payment is issued post implementation will be reported on the Initial Payment or equivalent. Jurisdictions that accept a SROI UR should use the summary as the current picture of the claim. Refer to Legacy Processing Rules in Section 4 for more information.
Jurisdictions who used the UR for a purpose other than legacy reporting prior to the adoption of the new definition are grandfathered in allowing the continued usage of the UR in that manner per the jurisdiction's Event Table. A grandfathered jurisdiction may not adopt the new usage of the UR unless they no longer accept the prior usage.

122. MAINTENANCE TYPE CODE – DN0002 (continued)

VE = Volunteer – The claimant is a volunteer for the covered employer, and the claim administrator will make no indemnity payments on this lost time claim.
Record: A49
DP Rule: The VE is filed to meet jurisdictional reporting requirements when a SROI is expected on claims without any indemnity due and involving lost time for unpaid volunteers. If a volunteer has concurrent employment for which compensation will be paid, or the jurisdiction requires that a volunteer receive compensation for indemnity when no salary was paid, the AP (if first payment after acquisition), IP or PY (if paid in a lump sum) should be sent.

Periodic Report Values – Periodic Reports are subsequent reports that commence and terminate according to Trading Partner Table options and repeat at specified intervals during the period.

AN = Annual – Submitted at yearly intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BM = Bi-Monthly – Submitted at two-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BW = Bi-Weekly – Submitted at two-week intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

MN = Monthly – Submitted at one-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

QT = Quarterly – Submitted at three-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

SA = Sub-Annual – Submitted at timeframe(s) as defined on the jurisdiction's Event Table.
Record: A49

123. MAINTENANCE TYPE CODE DATE – DN0003

Definition:	The date the Maintenance Type Code was moved to the transmission queue or flagged for transmission.
Orig/Rev:	03/11/94, 07/01/97, 09/26/98, 11/30/98, 09/03/03
Record:	148; A49; AKC; ARC
Format:	8 DATE

124. MAINTENANCE TYPE CORRECTION CODE – DN0295

Definition: The Maintenance Type Code from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 2 A/N
Values: Maintenance Type Codes (DN0002) except "CO"
DP Rule: Refer to Error Correction Technical Rules in Section 4 for usage and processing of this data element. The Maintenance Type Correction Code must be populated with the Maintenance Type Code from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

125. MAINTENANCE TYPE CORRECTION CODE DATE – DN0296

Definition: The Maintenance Type Code Date from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 8 DATE
DP Rule: The Maintenance Type Correction Code Date must be populated with the date from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

126. MANAGED CARE ORGANIZATION CODE – DN0207

Definition: A code indicating the existence and type of managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 2 A/N
Values: See link to code list on EDI Standard References page of IAIABC website: www.iaiabc.org.
DP Rule: The MCO code term "approved" was defined as "meeting jurisdiction requirements".

127. MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER – DN0208

Definition: The jurisdiction-assigned number corresponding to and uniquely identifying the managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 9 A/N
DP Rule: Send either the Managed Care Organization Name (DN0209) or the Managed Care Organization Identification Number (DN0208) at the time of the initial reporting of the claim. Refer to the Trading Partner Agreement for Jurisdictional requirements. Resend if any of the information changes.
If the Managed Care Organization Code (DN0207) shows that a managed care organization is involved, then either Managed Care Organization Name (DN0209) or Managed Care Organization Identification Number (DN0208) should be sent, depending upon jurisdictional requirements.

128. MANAGED CARE ORGANIZATION NAME – DN0209

Definition: The legal name of the managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: Used when Managed Care Organization Identification Number (DN0208) is unassigned or unknown.

129. MANUAL CLASSIFICATION CODE – DN0059

Definition: A code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury or injurious exposure.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 4 A/N
Values: Contact the jurisdiction for the source of Manual Classification Codes. Generally, these codes are generated, maintained, and available through the Data Collection Organization (DCO) authorized in a jurisdiction. The DCO's authorized to publish manual classification codes are NCCI and the Independent Rating Organizations, although there may be some exceptions for monopolistic states.
DP Rule: If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

130. MANUAL CLASSIFICATION SUB-CODE – DN0231

Definition: A sub-code used as a suffix to the Manual Classification Code (DN0059) as defined by the jurisdiction.
Orig/Rev: 11/20/2015
Record: R21
Format: 2 A/N
Values: Contact the jurisdiction for the source of sub-codes, if required.
DP Rule: If a submitter stores this as a 6 position field, it is the last two positions. If a jurisdiction requires both the Occupation Description (DN0060), Manual Classification Code (DN0059) and Manual Classification Sub-Code (DN0231), DN0060 cannot be edited against DNs 0059 and 0231. Can only be used by jurisdictions using their own Manual Classification Codes list i.e. cannot be used in conjunction with Manual Classification Code lists maintained by NCCI or DCO etc. Currently this field is unique to the State of Washington.

131. NATURE OF INJURY CODE – DN0035

Definition: A code corresponding to the nature of the injury sustained by the employee.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 2 A/N
Values: See link to code list:
https://labor.alabama.gov/wc/EDI/edipg8.aspx.

132. NUMBER OF ACCIDENT/INJURY DESCRIPTION NARRATIVES – DN0274

Definition: The number of Accident/Injury Description Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 10
Values: **00 through 10**

133. NUMBER OF CANCEL ELEMENTS – DN0434

Definition: The number of Cancel Element segment occurrences.
Orig/Rev: 08/15/17
Record: R21
Format: 2 N
Max Occ. 1
Values: **00 through 01**

134. NUMBER OF CHANGE DATA ELEMENTS – DN0411

Definition: The number of Change Data Element segment occurrences.
Orig/Rev: 08/15/17
Record: R21, R22
Format: 2 N
Values: **00 through 99**

135. NUMBER OF DAYS WORKED PER WEEK – DN0064

Definition: The employee's number of regularly scheduled workdays per week.
Orig/Rev: 03/11/94, 07/01/97, 06/01/06
Record: 148; A49
Format: 1 N
DP Rule: Since this is the number of days worked with the covered employer at the time of injury, it should not change, unless reported incorrectly. This data element has no relationship to concurrent employment.

136. NUMBER OF DENIAL REASON NARRATIVES – DN0276

Definition: The number of Denial Reason Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 10
Values: **00 through 10**

137. NUMBER OF FULL DENIAL REASON CODES – DN0277

Definition: The number of Full Denial Reason Codes segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 5
Values: **00 through 05**

138. NUMBER OF MANAGED CARE ORGANIZATIONS – DN0278

Definition: The number of Managed Care Organization segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 2
Values: **00 through 02**

139. NUMBER OF PART OF BODY INJURED – DN0420

Definition: The number of Part of Body Injured segment occurrences.
Orig/Rev: 08/15/17
Record: R21
Format: 2 N
Max Occ: 10
Values: **00 through 10**

140. NUMBER OF WITNESSES – DN0279

Definition: The number of Witness segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 5
Values: 00 through 05

141. OCCUPATION DESCRIPTION – DN0060

Definition: Identifies the employee's primary occupation at the time of the accident or injurious exposure.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 50 A/N
DP Rule: The data that is passed should be sufficient to assign an occupation code. This text can be, but cannot be required to be, the Occupation Code source description. This is not the NCCI class code text description.
If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

142. PART OF BODY INJURED CODE – DN0036

Definition: The code corresponding to the part(s) of the body injured.
Orig/Rev: 06/07/95, 07/01/97, 08/15/17
Record: R21
Format: 2 A/N
Values: See link to code list:
https://labor.alabama.gov/wc/EDI/edipg8.aspx.

143. PART OF BODY INJURED FINGERS/TOES LOCATION CODE – DN0422

Definition: The code identifying the numeric finger (other than the thumb) or toe (other than the great toe) injured.
Orig/Rev: 08/15/17
Record: R21
Format: 1 A/N
Values: **1 = Index Finger or 1st Toe**
2 = Middle Finger or 2nd Toe
3 = Ring Finger or 3rd Toe
4 = Little Finger or 4th (little) Toe
DP Rule: This DN shall only be sent with DN0036 Part of Body Injured Code 36-Finger(s) other than thumb and/or 57-Toes.

144. PART OF BODY INJURED LOCATION CODE – DN0421

Definition: The code identifying the side(s) of the body part injured (DN0036).
Orig/Rev: 08/15/17
Record: R21
Format: 1 A/N
Values: **B = Bilateral**
L = Left
R = Right
DP Rule: This code is for use with Part of Body Injured Codes: 13-Ear(s), 14-Eye(s), 30-Multiple Upper Extremities, 31-Upper Arm- 32-Elbow, 33-Lower Arm, 34-Wrist, 35-Hand, 36-Finger(s) other than thumb, 37–Thumb, 38-Shoulder(s), 39-Wrist(s) and Hand(s), 50-Multiple Lower Extremities, 51-Hip, 52-Upper Leg, 53-Knee, 54-Lower Leg, 55-Ankle, 56-Foot, 57-Toes, 58 Great Toe, 60-Lungs, 62-Buttocks, as defined by jurisdiction.

145. POLICY EFFECTIVE DATE – DN0029

Definition: The date the employer's insurance policy or self-insurance license/certificate became effective.
Orig/Rev: 06/06/95, 07/01/97, 11/22/05
Record: 148
Format: 8 DATE
DP Rule: "Coverage" is usually equivalent to POC "Policy", except when the employer is self-insured where a policy does not exist but coverage does.
This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction).

146. POLICY EXPIRATION DATE – DN0030

Definition: The date that the employer's insurance policy or self-insurance license/certificate expired.
Orig/Rev: 06/06/95, 07/01/97, 11/22/05
Record: 148
Format: 8 DATE
DP Rule: "Coverage" is usually equivalent to POC "Policy" except when the employer is self-insured where a policy does not exist but coverage does.
This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction).

147. POLICY NUMBER IDENTIFIER – DN0028

Definition: The number identifying the coverage policy in effect for the claim.
Orig/Rev: 03/11/94, 07/01/97, 11/22/05
Record: 148
Format: 18 A/N
DP Rule: "Coverage" is usually equivalent to POC "Policy", except when the employer is self-insured where a policy does not exist but coverage does. Report the alphanumeric characters used for uniquely identifying the policy. Do NOT report any embedded blanks, marks of punctuation, or special characters. This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction).

148. TIME OF INJURY – DN0032

Definition: The time of the accident/injury.
Orig/Rev: 03/11/94, 07/01/97, 11/30/98
Record: 148
Format: 4 TIME
DP Rule: Only a valid time in military format, zeroes, or spaces are allowed in time fields. Use 24-hour military time. All zeroes in a time field is valid and equivalent to 240000 or 2400. Spaces indicate absence of data. May be left blank for occupational disease or cumulative injury.

149. TYPE OF LOSS CODE – DN0290

Definition: A code indicating the type of loss being reported.
Orig/Rev: 12/31/02, 05/16/03
Record: R21; R22
Format: 2 A/N
Values: **01 = Traumatic Injury** – An injury that is traceable to a definite accident during the worker's present employment.
02 = Occupational Disease – An injury caused by exposure to a disease-producing agent in the worker's occupational environment. Injuries of this type are not traceable to a definite accident during the worker's past or present employment.
03 = Cumulative Injury (Other than Disease) – An injury having occurred from, or aggravated by, a repetitive employment activity. Injuries of this type are not traceable to a definite accident during the worker's past or present employment.

150. WAGE – DN0062

Definition: The employee's pre-injury wage for the Wage Period as reported by the employer.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 04/28/04
Record: 148

151. WAGE PERIOD CODE – DN0063

Definition: A code to designate the time period upon which the reported Wage (DN0062) or Average Wage (DN0286) was based.
Orig/Rev: 03/11/94, 07/01/97, 12/01/99, 05/27/03, 04/28/04
Record: 148; A49
Format: 2 A/N
Values:

148 (FROI)	**A49 (SROI)**
01 = Weekly	**01 = Weekly**
02 = Bi-Weekly	**04 = Monthly**
04 = Monthly	
06 = Daily	
07 = Hourly	

DP Rule: Always required when Wage, Average Wage, or Concurrent Employer Wage (DN0143) is reported. The Wage Period Code for the concurrent employer is always equivalent to the Wage Period Code for the primary employer.

152. WITNESS BUSINESS PHONE NUMBER – DN0237

Definition: The business phone number of the witness to the incident/accident.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10-digit phone number and can be 0 to 5 positions in length.

153. WITNESS NAME – DN0238

Definition: The legal name of the person who observed the incident/accident.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

154. WORK DAYS SCHEDULED CODE – DN0205

Definition: A code that identifies the employee's seven day work schedule at the time of injury.
Orig/Rev: 02/19/2013
Record: R21; R22
Format: 7 A/N – see DP Rule for specific population
Values:
S = Scheduled
N = Not Scheduled
DP Rule: Format = DDDDDDD where each D is a calendar day of the week.

- First position is Sunday,
- Second position is Monday,
- Third position is Tuesday,
- Fourth position is Wednesday,
- Fifth position is Thursday,
- Sixth position is Friday, and
- Seventh position is Saturday.

All 7 bytes should be populated with S or N in the applicable calendar day position; null in any position is invalid. For example, Monday through Friday should be presented as NSSSSSN.

154. WORK DAYS SCHEDULED CODE – DN0205 (continued)

Work Days Scheduled Code (DN0205) may be used in conjunction with DN0204 Work Week Type Code. If the Work Week Type Code is equal to S or V, the Work Days Scheduled Code cannot be required. Since this represents the scheduled work days with the covered employer at the time of injury, it should not change unless it was reported incorrectly. This data element has no relationship to the injured worker's concurrent employment. Jurisdictions cannot require this data element in the following cases:

- Full Denials (FROI and SROI MTC 04),
- Partial Indemnity Denials (MTC PD with a Partial Denial Code of A or E), Acquired Claims (MTC AQ, AU, or AP),
- Claims with a Type of Loss Code equal to 02 or 03, or where Claim Type Code is equal to B, M, or N.

This DN cannot be required on claims with a Date of Injury prior to 1/1/2014 or prior to the jurisdiction's adoption of the data element whichever is later. If a jurisdiction requires Work Week Type Code and/or Work Days Scheduled Code and Number Of Days Worked Per Week (DN0064), the elements may be edited against each other.

155. WORK WEEK TYPE CODE – DN0204

Definition: A code that identifies the type of the employee's work schedule at the time of injury.
Orig/Rev: 02/19/2013
Record: R21; R22
Format: 1 A/N
Values: **S = Standard Work Week** – set work days each week are Monday through Friday inclusive.
F = Fixed Work Week – set work days each week, but not Monday through Friday inclusive (example: Tuesday through Saturday, or Saturday and Sunday).
V = Varied Work Week – scheduled work days change from week to week.
DP Rule: DN0204 Work Week Type Code may be used in conjunction with DN0205 Work Days Scheduled Code. If the Work Week Type Code is equal to S or V, the Work Days Scheduled Code cannot be required. Since this represents the type of work week with the covered employer at the time of injury, it should not change unless it was reported incorrectly. This data element has no relationship to the injured worker's concurrent employment.

This data element cannot be required in the following cases:

- Full Denials (FROI and SROI MTC 04),
- Partial Indemnity Denials (MTC PD with a Partial Denial Code of A or E),
- Acquired Claims (MTC AQ, AU, or AP),
- Claims with a Type of Loss Code equal to 02 or 03, or
- Claim Type Code is equal to B, M, or N.

This DN cannot be required on claims with a Date of Injury prior to 1/1/2014 or prior to the jurisdiction's adoption of the data element, whichever is later. If a jurisdiction requires Work Week Type Code and/or Work Days Scheduled Code and Number Of Days Worked Per Week (DN0064), the elements may be edited against each other.

156. TRANSACTION SET ID – DN0001

Definition: A code that identifies the transaction being sent/received.
Orig/Rev: 08/18/94
Record: HD1; A49; 148; R21; R22; TR2; AKC; ARC
Format: 3 A/N
Values: **148 = First Report**
R21 = First Report Companion Record
A49 = Subsequent Report
R22 = Subsequent Report Companion Record
AKC = Claims Acknowledgment Detail Record
ARC = Claims Re-Acknowledgment Detail Record
HD1 = Transmission Header Record
TR2 = Transmission Trailer Record

157. SENDER ID – DN0098

Definition: Composition or group level comprised of Sender FEIN (Primary FEIN of the sending party), Filler, and Sender Postal Code (Primary Postal Code of the sending party).
Orig/Rev: 08/18/94
Record: HD1
Format: Sender FEIN 9 A/N
Filler 7 A/N
Sender Postal Code 9 A/N

158. RECEIVER ID – DN0099

Definition: A composite or group level comprised of Receiver FEIN (Primary FEIN of the receiving party), Filler, and Receiver Postal Code (Primary Postal Code of the receiving party).
Orig/Rev: 08/18/94, 07/01/97
Record: HD1
Format: Receiver FEIN 9 A/N
Filler 7 A/N
Receiver Postal Code 9 A/N

159. DATE TRANSMISSION SENT – DN0100

Definition: Actual date the batch of data was sent to the receiver.
Orig/Rev: 06/07/95, 07/01/97, 05/25/04
Record: HD1
Format: 8 DATE

160. ORIGINAL TRANSMISSION DATE – DN0102

Definition: The value obtained from the Date Transmission Sent (DN0100) from the originating batch header record. This field should only be populated on the acknowledgment (AKC or ARC) batch header to allow a receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Time field in the acknowledgment process.
Orig/Rev: 08/19/94, 07/01/97, 07/12/02, 05/12/06
Record: HD1 (of AKC or ARC only)
Format: 8 DATE

161. ORIGINAL TRANSMISSION TIME – DN0103

Definition: The value obtained from the Time Transmission Sent (DN0101) from the originating batch header record. This field should only be populated on the acknowledgment (AKC or ARC) batch header to allow the receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Date field in the acknowledgment process.
Orig/Rev: 08/19/94, 07/01/97, 07/12/02, 05/12/06
Record: HD1 (of AKC or ARC only)
Format: 6 TIME

162. TEST/PRODUCTION CODE – DN0104

Definition: Reflects an EDI participation status for specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set.
Orig/Rev: 08/18/94, 07/01/97, 5/16/03
Record: HD1
Format: 1 A/N
Values: **P = Production**
T = Test (Pilot parallel or Test)
Tech Note: This flag is set at the batch header level in the HD1. Therefore, all transactions within a batch must be at the same test/production level.

163. INTERCHANGE VERSION ID – DN0105

Definition: A composite field comprised of a batch type (positions 1-3), release number (position 4), and version number (position 5). Interchange Version ID is a data element located in the header record (HD1). It is used to identify the batch type, release, and version of the transactions contained within the batch following the HD1 header through the trailer record (TR2). Batch type designates the type of transactions within a batch. Release number identifies the release level of the data of the record layout contained in the detail record that follow. Version number identifies the version level of the release.
Orig/Rev: 07/01/97, 12/31/02, 05/27/03, 08/15/17
Record: HD1
Format: Batch Type 3 A/N
Release Number 1 A/N
Version Number 1 A/N
Values: **14831 = First Report of Injury; Release 3.1, Version 0**
A4931 = Subsequent Report of Injury; Release 3.1, Version 0
AKC31 = Claims Acknowledgment Detail Record; Release 3.1, Version 0
ARC31 = Claims Re-Acknowledgment Detail Record, Release 3.1, Version 0

164. DETAIL RECORD COUNT – DN0106

Definition: Total number of records sent as part of this batch. This count represents the number of records where the Transaction Set ID is not equal to HD1 or TR2.
Orig/Rev: 08/18/94, 07/01/97, 05/13/11
Record: TR2
Format: 9 N

165. TRANSACTION COUNT – DN0191

Definition: Total number of transactions sent as part of the batch. See definition of "transaction" in Section 2-1, "Components of the IAIABC Transmissions".
Orig/Rev: 07/01/97, 07/12/02, 05/13/11
Record: TR2
Format: 9 N

166. TIME TRANSMISSION SENT – DN0101

Definition: The time the sender prepared the batch file for transmission. Together with the Date Transmission Sent, will uniquely identify a specific transmission batch.
Orig/Rev: 08/09/95, 07/01/97
Record: HD1
Format: 6 TIME